

Signed under the penalties of perjury:

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

I WH OLERK'S OFFICE

2020 MAY 29 PM 6: 08

File with: City or Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: 2-25-20 Ending Date: Type of Report: (Check one) 8th day preceding preliminary ₹ 8th day preceding election 30 day after election year-end report dissolution Michaiah Office Sought and District Name of Committee Treasurer Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line 14) Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. (Treasurer's signature) Signed under the penalties of perjury: FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only) Candidate with Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report. Candidate without Committee I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

(Candidate's signature)

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

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(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages after required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3/7/20	Anony mor s	\$20.00	
5/15/20	Ann Boland 64 River St. 02474	\$30,00	
3/12/20	Barbara Boltz 54 Medford St. Apt: 510 02474	4 25.00	
3/18/20	E/59 Bondlow 34 Ham: Hon Rd. # 510 Boston 02474	\$ 100.00	
5/21/20	Michael Brady 28 Howard St. 02476	\$30.00	
3/15/20	Melanie Brown 14 Skyline Dr. 02474	\$100.00	
3/25/20	Michael Jacobay Brow 10 Brattle Terrace 02474	\$50,00	
4/26/20	Phyllis Brown 10 Oak Hill Drine 02474	\$ 50,00	
4/28/20	Mary for Carry 188 Pleasout St. 02476	\$ 50,00	
4/12/20	Neil Clark 79 Beroly Rd. 02474	\$30.00	
4/22/20	Ellen Cohen 49 Park St. 02474	\$40,00	
3/2/20	Lynette Culverhouse 24 Dragus Ave-02474	\$50,00	
Line 9: Total Rece	ipts over \$50 (or listed above)	\$575.00	<i>1/-</i>
Line 10: Total Receipts \$50 and under* (not listed above)			/ 3
Line 11: TOTAL I	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

Name and Residential Address Occupation & Employer					
Date Received	(alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)		
5/4/20	Elizabeth Dray 130 Joson St. 02476	4 200.00			
4/5/20	Wynelle Evans 20 Oschard Place 02476	\$ 30.00			
5/6/20	Katharne Fennelly 97 Gray St. 02476	#100.00			
3/10/20	Wendy Fields 175 Overlook Rd 02474	#200.00	unemployed		
5/13/20	Mary Fusoni 94 Ovanderen Rd. 02476	\$ 50,00			
4/20/20	Jonathan Gosh 24 Kipling Rd. 02476	\$ 30,00	702%		
5/13/20	Melanie Gilbert	\$30.00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
5/27/20	Pascha Griffiths 7 Falmouth Rd 02474	\$ 50,00			
4/21/20	Ratell Guellec 4 Thomas 4. 02474	\$ 25.00			
3/3/20	Corol Harrington	\$250.00	in known		
3/8/20	Brenden + Irene Healy 134 Deer Fin Done Ulchestor, CT 06415	\$100.00			
2/24/20	Shown Healy 26 Howard St. 02476	\$100.00			
Line 9: Total Receipts over \$50 (or listed above)		\$1,165.00	27_		
Line 10: Total Receipts \$50 and under* (not listed above)			2/5		
Line 11: TOTAL RECEIPTS IN THE PERIOD			← Enter on page 1, line 2		
* If you have itemized	receipts of \$50 and under include them in lin	a Q Line 10 choul	Id include only those receipts not itemized above		

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Name and Residential Address Occupation & Employer					
Date Received	Date Received (alphabetical listing required)		Occupation & Employer (for contributions of \$200 or more)		
4/3/20	Paula Jorda	#30,00	(101 Contributions of \$200 of more)		
13/20	40 windsor st. 02474	50,00			
3/5/20	42 Beacon St. 02474	\$100.00			
3/24/20	Lori Kenschaft 68 Gosby st 02474	\$50,00	22 36 45		
3/12/20	Khadija Lagziz Cambsidge, M	\$ 20.00			
5/27/20	Pat lavelle	\$60.00	PH 6		
3/2/20	Dosothy Mallim 20 Howard St.	\$ 50,00	8		
3/4/20	Virian Mba	\$50,00			
3/25/20	Garfield Morrison 14 Pawnee Dr. 02474	\$100.00			
3/4/20	Lawa Openshaw 72 webstor St. 02474	\$500,00	Law Office of Laura Openshow		
4/2/20	Paul Prijse 106 Hemlock St. 02474	\$ 200,00	on employed		
3/2/20	Rebecca Persson 15 Fremont St. 02474	4/100.00			
2/25/20	Louise Popkm 9 Cliff St. 02476	1,000.00	rexical		
Line 9: Total Receipts over \$50 (or listed above) \$\mathbb{\mathbb{g}}2,260.00\$					
Line 10: Total Receipts \$50 and under* (not listed above)			3/5		
	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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report all receipts. Please include your committee name and a page number on each page.)						
Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)			
Date Received		Amount	(101 CONTITIONIS 01 \$200 OF MOFE)			
3/9/20	Elizabeth Rice 50 Lockeland Are 02476	\$ 50,00				
3/8/20	84 Milton St Eric Soyal	\$ 40,00				
3/5/20	Bajeer Soneja 13 May St. 02474	\$100.00	TAY 2			
3/6/20	Miriam Stein 17 Oak Knall 02476	\$ 50,00	PH 13			
3/15/20	Katherine Tranqueda 108 Rark Ave. Ext. 02474	\$ 30.00	S			
5/1/20	Rose Udres 77 Fourtain Rd 02476	# 50,00				
3/6/20	Tordan Weinstein 23 Lennon Rt. 02474	\$ 500,00	retired			
4/23/20	Gwendolyn Wong 151 Lowell St. 02474	\$250.00	Mengloyed			
3/7/20	Patricia Worden 27 Jason St. 02476	\$ 100.00				
3/24/20	Anne Wright 84 Millon St. 02474	\$ 30,00				
4/5/20	Edith Won 82 Marathon St. 02474	25.00				
3/2/20	Charniqua Young 703 Rogers Ave. #50 Brooklyn, NY, 11226	\$ 1,000,00	lawyer Outen + Golden			
Line 9: Total Receipts over \$50 (or listed above)		\$ 2,225.00	11/			
Line 10: Total Rece	eipts \$50 and under* (not listed above)		4/5			
Line 11: TOTAL	RECEIPTS IN THE PERIOD		← Enter on page 1, line 2			

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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	Name and Residential Address		Occupation & Employer	
Date Received	(alphabetical listing required)	Amount	(for contributions of \$200 or more)	
2/28/20	Jennel Young 255 Berry St. #101 Sam Francisco, CA 94158	#1,000.00	Computor engineer Netflix	
			8	
			TO 29 18 1	
			6:0	
Line 9: Total Rece	ipts over \$50 (or listed above)	\$1,000.00	-C	
Line 10: Total Rece	eipts \$50 and under* (not listed above)		5/5	
	RECEIPTS IN THE PERIOD	\$7,225.00	← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
3/12/20	Bonk of America	655 Mass Are Arlyton, MA 02476	Checking acct set fees	*78.71
3/16/20	Bank of America	655 Mass Ave 02476	2/20 Aect Analysis fee	841,06
4/15/20	Bomb of America	655 Mass Are 02476	3/20 Acct. Analysis fee	\$ 53,63
5/15/20	Bench of America	655 Mass Are 02476	4/20 Acct. Amalysis fee	42.68
3/2/20 5/27/20	Paypal	paypal, com	transaction fees	107,35
3/8/20	Roasted Granola	1346 Mass Ane 02476	Event cental space	\$ 40,00
3/30/20	Vistagrint	275 Wyman St. Waltham, Mt 02451	Laun signs	437.33
5/25/20	Your Arlington, com c/o Bob Sprage	150 Washington 4. 02474	webpage advertismy	8,22.20
4/16/20	Zippity print	1600 EBrd St. Cleveland, OH 44114	Postcard master	2,505.8/
4/20/20	Ziggity print	1600 E 23rd St. Cleveland, OH 44114	shipping of extra postcards	\$16.38
5/11/20	2,80 typrint	1600 € 23.8 St, Cleveland, OH 44114	Postead majle	2,552.38
		63	13034	
Line 12: Expenditures over \$50 (or listed above) \$\frac{3}{5}, 930.83				
Line 13: Expenditures \$50 and under (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD 95,930,83				
* If you have item	aired owner diturns of \$50 and under	r, include them in line 12. Line 13's	hauld include only these arrandition	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
4/7/20	Shawn Heal	26 Howard St. Arlington, M4 02476	Loan: Zoom pro account	\$ -3/-85
5/5/20	Shawn Healy	26 Howard St. Arlington, MA 02476	Loan: Zoom pro account	\$ 31.85
5/8/20	Shawn Healy	26 Howard St. Aclington MA 02476	L	31.85
3/3/20	Shown Healy	26 Howard St. 02476	Coan: Staples - color pointing of fliers	377.53
3/3/20	Shawn Healy	26 Howard St 02476	loan: Stagles - palum eves	4 311.81
5/29/20	Shawn Healy	26 Howard St. 02476	Loan: Staples - b+w copres	\$4,46
NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWN				
			Posts Control of the	7 1 7 70 70 70 70 70 70 70 70 70 70 70 70 7
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAN	DING LIABILITIES (ALL)	\$489,35

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
5/18/20	Committee to Elect Lynette Martyn	18 Evstis Street Arlington, MA 02476	Shared pointing/mading cost for Zpp. tygord postend maker	\$100.00
			2020	3. 72 3. 72
			To a series of the series of t	100 mm
	<u> </u>	Line 15: In-Kind Contribution	s over \$50 (or listed above)	910000
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			\$ 100.00	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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